

# Austin Police Department

## College Internship Applicant

### Authorization for Release of Personal Information

I, \_\_\_\_\_, do hereby authorize a review of a full disclosure of all records concerning myself to any duly authorized agent of the City of Austin Police Department, whether the said records are of public, private or confidential nature. Furthermore, I grant permission for this agent to obtain photocopies of any records concerning myself, that he/she considers relevant to my internship application with the City of Austin Police Department.

I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for the College Internship Program by the City of Austin Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that any information obtained by a personal history background investigation, regardless of the source of that information, that is intended to be used to determine my suitability for the College Internship Program by the City of Austin Police Department, will be kept strictly confidential by the Austin Police Department, to the extent permitted by law. Unless otherwise provided by law or a valid court order, only an authorized agent of the City of Austin Police Department will have access to my internship applicant file and the information contained therein.

I understand that the confidentiality provisions referenced in the preceding paragraph do not apply to information obtained from any source during the background investigation that involves suspected or actual criminal conduct on my part for which I am subject to prosecution under the applicable statute of limitations. Under these circumstances, I understand that the City of Austin Police Department may investigate my conduct, may report my actions to another law enforcement agency for investigation and prosecution, and may contact my current or former employers should my actions involve suspected or actual criminal misconduct against that employer or against an individual to whom the City of Austin had a legal relationship.

I understand and agree that if the release of this information is required by law, by a valid court order, or when criminal misconduct on my part is suspected, I release the City of Austin, the Austin Police Department, and its agents and employees, from any and all liability which may be incurred as a result of the release of such information.

Furthermore, I understand and agree that the confidentiality provisions contained in the Austin Police Department's Authorization for Release of Personal Information shall supersede any similar or conflicting language contained in any other release.

\_\_\_\_\_  
Print Name – Including Maiden Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature – Including Maiden Name

\_\_\_\_\_  
Date

Subscribed and sworn before me, by the said \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public, State of Texas